

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000105147

1. Entity Name
FOSTER TRUCKING, INC.



Principal Place of Business
15610 S. HWY 475
SUMMERFIELD, FL 34491

Mailing Address
15610 S. HWY 475
SUMMERFIELD, FL 34491

FILED
Feb 01, 2008 08:00 AM
Secretary of State



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1377338	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, J. SCOTT
15610 S. HWY 475
SUMMERFIELD, FL 34491

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, J. SCOTT 15610 S. HWY 475 SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T FOSTER, CINDY K 15610 S. HWY 475 SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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02/11/08-80011-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cindy K Foster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/08

352
572-2021